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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Part 1: Identify Yourself					
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
1.	Your full name					
	Write the name that is on your government-issued picture identification (for	Robert				
		First name	First name			
	example, your driver's	Hays				
	license or passport).	Middle name	Middle name			
	Bring your picture identification to your	Ault				
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)			
2.	All other names you have used in the last 8 years	Robert H. Ault				
	Include your married or maiden names.					
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9874				

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Debtor 1 Robert Hays Ault

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)		
	doing business as names	EINs	EINs		
5.	Where you live	4824 North Claremont Avenue	If Debtor 2 lives at a different address:		
		Garden Apt. Chicago, IL 60625-1910			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Cook			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one:	Check one:		
		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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7	Tell the Court About ` The chapter of the	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy						
•	Bankruptcy Code you are choosing to file under							
		☐ Chapter 7 ☐ Chapter 11						
			hapter 12					
		= 0	Chapter 13					
3.	How you will pay the fee	•	about how your order. If your	Il pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more detaut how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or more. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check were-printed address.				
			☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).					
			I request that but is not req that applies to	t my fee be wa uired to, waive to your family size	aived (You may request this optior your fee, and may do so only if yo ze and you are unable to pay the f	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line ee in installments). If you choose this option, you must fill Official Form 103B) and file it with your petition.		
			Out the Applic	Sallon to Have t	ine chapter / / ming / ee walved (Sincial Form 103b) and me it with your pention.		
Э.	Have you filed for bankruptcy within the last 8 years?	■ N						
	•		District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ N	0					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Y	es.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.		□ N	O. Go to I	ine 12.				
	residence?	■ Y	es. Has yo	ur landlord obta	ained an eviction judgment agains	t you and do you want to stay in your residence?		
				No. Go to line	12.			
				Yes. Fill out In bankruptcy per		Judgment Against You (Form 101A) and file it with this		

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Desc Main Document Page 4 of 14 Case number (if known) Debtor 1 Robert Hays Ault Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat Yes. of imminent and What is the hazard? identifiable hazard to

public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Robert Hays Ault

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes

me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a	briefing about credit
counseling because of	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

☐ Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 **Robert Hays Ault** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1-49** you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Robert Hays Ault Signature of Debtor 2 **Robert Hays Ault** Signature of Debtor 1 Executed on December 16, 2015 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Robert Hays Ault Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joel A.	Schechter	Date	December 16, 2015
Signature of	Attorney for Debtor		MM / DD / YYYY
Joel A. Sc	hechter		
Printed name			
Law Office	es of Joel A. Schechter		
Firm name			
53 West J	ackson Blvd		
Suite 1522	2		
Chicago, I	L 60604		
	City, State & ZIP Code		
Contact phone	312-332-0267	Email address	joelschechter@covad.net
3122099			
Bar number & S	tate		

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Dec	Robert Hays Ault			Case numb	et (it known)	
Par	6: Answer These Questi	ions for R	eporting Purposes			
16.	What kind of debts do you have?	16a.	individual primarily for a personal, family, or household purpose."			
			☐ No. Go to line 16b.			
		020	Yes. Go to line 17.		00 0 W W W W	
		16b.		ly business debts? Business debts are debts investment or through the operation of the business debts.		
			☐ No. Go to line 16c.			
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you owe that are not consumer debts or business debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?			
	administrative expenses		□ No			
	are paid that funds will be available for distribution to unsecured creditors?		Yes			
18.	How many Creditors do	1 -49		☐ 1,000-5,000	☐ 25,001-50,000	
	you estimate that you owe?	☐ 50-99)	☐ 5001-10,000	□ 50,001-100,000	
		☐ 100-1 ☐ 200-9		10,001-25,000	☐ More than100,000	
19.	How much do you ■ \$0 -		\$50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?	□ \$50,001 - \$100,000		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion	
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
20.	How much do you		\$50,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion	
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion	
Par	7: Sign Below					
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.				
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fil document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					not an attorney to help me fill out this	
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 and 3511.				
			Hays Ault e of Debtor 1	Signature of Debt	or 2	
		Executed	on December 16, 20	D15 Executed on		
			MM / DD / YYYY	MN	// DD / YYYY	

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Debtor 1 Robert Hays Ault

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Atturney for Debto

Date

December 16, 2015

MM / DD / YYYY

Joel A. Schechter

name

Offices of Joel A. Schechter

Firm name

53 West Jackson Blvd

Suite 1522

Chicago, IL 60604

Number, Street, City, State & ZIP Code

Contact phone 312-332-0267

Email address

joelschechter@covad.net

3122099

Bar number & State

A T & T Mobility c/o AFNI 1310 Martin Luther King Drive Bloomington, IL 61702-3517

Asset Acceptance, LLC P.O. Box 2036 Warren, MI 48090

Blitt and Gaines, P.C. 661 Glenn Ave. Wheeling, IL 60090

Bradley Sayad P.O. Box 2123 Warren, MI 48090-2123

Capital One Bank (USA), N.A. P.O. Box 6492 Carol Stream, IL 60197-6492

ComEd P. O. Box 6111 Carol Stream, IL 60197

Convergent Outsourcing, Inc. P.O. Box 9004 Renton, WA 98057-9004

Creditors Collection Bureau P.O. Box 63 Kankakee, IL 60901-0063

CREDO c/o States Recovery Systems, Inc. 2951 Sunrise Blvd., Suite 100 Rancho Cordova, CA 95742

Dependon Collection P.O. Box 4983 Oak Brook, IL 60522-4983 Emergency Room Care S.C. c/o Dependon Collection Service P.O. Box 4833 Oak Brook, IL 60522-4833

Emergency Room Care SC Dept 10166, P.O. Box 87618 Chicago, IL 60680

Fulton Friedman & Gullace 5 E. Van Buren #214
Joliet, IL 60432

GE Money Bank
P. O. Box 981127
El Paso, TX 79998-1127

Great Lakes Specialty Finance, Inc. d/b/a Check 'n Go 2307-A Lawrence Avenue Chicago, IL 60625

ICS Collection Service P.O. Box 1010 Tinley Park, IL 60477

Kevin W. Mortell 1821 Walden Office Square Suite 400 Schaumburg, IL 60173

McKesson Corporation Attn: Resurrection Health 19 Mollison Way Lewiston, ME 04240-5805

Midland Credit MGMT, Inc. P.O. Box 60578 Los Angeles, CA 90060-0578

Midland Funding, LLC 8875 Aero Drive Suite 200 San Diego, CA 92123 Midwest Imaging Professionals P.O. Box 223831 Pittsburgh, PA 15250-7863

Minuteclinic of Illinois P.O. Box 8446 Belfast, ME 04915

Miramed Revenue Group 991 Oak Creek Drive Lombard, IL 60148

National Asset Management P.O. Box 840 Moon Township, PA 15108

National Asset Management, LLC 400 Rouser Rd. Suite 105 Moon Township, PA 15108

Nationwide Recovery Service P.O. Box 8005 Cleveland, TN 37320-7005

Novacare Rehabilitation c/o Nationwide Recovery Service 545 W. Inman St. Cleveland, TN 37311

Novacare Rehabilitation c/o Select Physical Therapy Holding P.O. Box 644717 Pittsburgh, PA 15264

Peoples Gas 130 E. Randolph Street Chicago, IL 60601

Peoples Gas P.O. Box 19100 Green Bay, WI 54307-9100 Presence Health 621 17th Street Suite 1800 Denver, CO 80293

Quest Diagnostics P.O. Box 809403 Chicago, IL 60680-9403

Quest Diagnostics P.O. Box 7306 Hollister, MO 65673-7306

Resurrection Health Care 62314 Collection Center Dr. Chicago, IL 60693-0623

Resurrection Health Cazre 62314 Collection Center Dr. Chicago, IL 60693

Resurrection Medical Group c/o ICS P.O. Box 1010 Tinley Park, IL 60477-9110

Resurrection Services Robert Todd Hargan P.O. Box 564437 Chicago, IL 60656-4437

RMS 1250 E. Diehl Road Suite 300 Naperville, IL 60563

Source Receivables Management 4615 Dundas Drive Suite 102 Greensboro, NC 27407

The CBE Group, Inc.
Payment Processing Center
P.O. Box 2337
Waterloo, IA 50704-2337

Transworld Systems 507 Prudential Road Horsham, PA 19044

Weiss Memorial Hospital c/o CMRE Financial Services 3075 Imperial Hwy, #200 Brea, CA 92821-6753

Weiss Memorial Hospital P.O. Box 830913 Birmingham, AL 35283-0913

Weiss Memorial Hospital 4720 Paysphere Circle Chicago, IL 60674-0047